

## **DIRECT CARE STAFFING ASSESSMENT**

**FACILITY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Information will be gathered through direct observation and interviews with staff, residents and/or families, friends and responsible parties. The following questions/observations must be considered when determining whether staffing is sufficient to meet the needs of the residents in care:

1. Does the facility have a written plan that specifies the number and type of staff required to meet the day-to-day, routine direct care needs and any identified special needs of the residents in care? \_\_\_\_\_ yes \_\_\_\_\_ no

2. Is the plan directly related to actual resident acuity levels and individualized care needs? \_\_\_\_\_ yes \_\_\_\_\_ no

3. What are routine direct care staffing levels for each unit/facility?

- Attach copy of Staff by Shift Count document and/or

- Record number of full time equivalents to number of residents by unit/facility.

{Example: 2 DCS/ 12 residents in 2 B unit/wing/floor/building}

\_\_\_\_\_ DCS/ \_\_\_\_\_ residents in \_\_\_\_\_ unit/wing/floor/building (specify)

\_\_\_\_\_ DCS/ \_\_\_\_\_ residents in \_\_\_\_\_ unit/wing/floor/building (specify)

\_\_\_\_\_ DCS/ \_\_\_\_\_ residents in \_\_\_\_\_ unit/wing/floor/building (specify)

\_\_\_\_\_ DCS/ \_\_\_\_\_ residents in \_\_\_\_\_ unit/wing/floor/building (specify)

4. Do direct care staff have specific work assignments? \_\_\_\_\_ yes \_\_\_\_\_ no

5. Are routine responsibilities clearly assigned to specific employees/teams/shifts? \_\_\_\_\_ yes \_\_\_\_\_ no

6. Are staff provided the equipment, supplies and resources to appropriately complete their work assignments? \_\_\_\_\_ yes \_\_\_\_\_ no

If no, explain briefly. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Do staff demonstrate willingness and ability to accommodate resident preferences? \_\_\_\_\_ yes \_\_\_\_\_ no

8. How many residents have non-routine or special needs? \_\_\_\_\_

9. Are non-routine and special needs tasks included in direct care staff work assignments? \_\_\_\_\_ yes \_\_\_\_\_ no  
If not, what mechanisms are used to ensure that these services/tasks are provided as required? \_\_\_\_\_  
\_\_\_\_\_
10. Are other staff and/or volunteers trained and routinely used to assist with peak workload activities? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, specify how many, when and where assigned: \_\_\_\_\_  
\_\_\_\_\_
11. Are staff routinely able to complete daily responsibilities and assignments without rushing the residents? \_\_\_\_\_ yes \_\_\_\_\_ no
12. Does the facility have procedures for covering unanticipated absences without having to regularly disrupt routine staffing patterns? (i.e.; call-in, overflow, float staff)  
\_\_\_\_\_ yes \_\_\_\_\_ no
13. Is non-direct care staff available during the day and evening hours to answer telephones and greet visitors during peak workload? \_\_\_\_\_ yes \_\_\_\_\_ no
14. Are call signals routinely answered by staff within 2 minute or less with follow-up to resident need(s) within 5 minutes or less? \_\_\_\_\_ yes \_\_\_\_\_ no
15. Is there sufficient direct care staff to allow the medication aide/LPN/RN passing medications to do so without being distracted by unmet direct care needs of the residents? \_\_\_\_\_ yes \_\_\_\_\_ no

If med management staff is not a dedicated position, note the following from MARs:

a) number of residents receiving 1 or more medications

- |                                |       |
|--------------------------------|-------|
| 1) before breakfast            | _____ |
| 2) with breakfast              | _____ |
| 3) after breakfast/mid-morning | _____ |
| 4) before lunch                | _____ |
| 5) with lunch                  | _____ |
| 6) after lunch                 | _____ |
| 7) before dinner               | _____ |
| 8) with dinner                 | _____ |
| 9) after dinner                | _____ |
| 10) bedtime                    | _____ |
| 11) other (specify)            | _____ |

b) number of med errors/omissions/documentation errors noted during this review.  
(copy/attach MARs with any identified errors.) \_\_\_\_\_

16. Do residents receive meals at scheduled times?        ☐ yes        ☐ no
17. Are hot foods hot and cold foods cold?        ☐ yes        ☐ no
18. Are staff members able to sit with residents who require physical assistance in order to eat?        ☐ yes        ☐ no        ☐ n/a
19. Do residents who require cueing and encouragement receive appropriate staff attention during mealtime?        ☐ yes        ☐ no        ☐ n/a
20. Are staff able to complete all responsibilities during mealtime without rushing the residents?        ☐ yes        ☐ no
21. How many residents do not use the dining room but dine in their rooms or other locations within the facility?        ☐ Are staff assigned to cover the unit(s) proportionate to the number and needs of the residents who do not dine in the dining room?        ☐ yes        ☐ no
22. Is completion of work assignments easily verified?        ☐ yes        ☐ no
23. Is there a documented accounting of the completion of routine/non-routine tasks?
- a) Are schedules for bathing and other personal care tasks available?        ☐ yes        ☐ no
  - b) Are between meal snacks and hydration breaks assigned & scheduled?        ☐ yes        ☐ no
  - c) Are toileting schedules completed every two hours?        ☐ yes        ☐ no        ☐ n/a
  - d) Are restraint release schedules completed according to regulatory requirements and facility's procedural guidelines?        ☐ yes        ☐ no        ☐ n/a
  - e) Are repositioning schedules completed at least every two hours?        ☐ yes        ☐ no        ☐ n/a
  - f) Are there monthly schedules for weighing residents?        ☐ yes        ☐ no        ☐ n/a
  - g) Are there schedules for other direct care tasks/activities?        ☐ yes        ☐ no        ☐ n/a
24. Do all direct care staff have opportunities to contribute to individualized service plans, preparing task schedules, planning assignments, etc.?        ☐ yes        ☐ no